NOTICE OF UNSAFE CONDITION AND ACTION PLAN					
Production Name:			To Be Completed By:	UPM or Designee	
Copies Sent To:	Unit Production Manager	Safety	To Be Stored By:	Production Office Coordinator	
Production Location:			Today's Date:		
Special Instructions:	When: As required.		Frequency: As needed.	Frequency: As needed.	
Date Observed:			Time Observed:		
Hazard Notification Received: Yes No			Date Received:	Date Received:	
Location: (Be specific)					
Cast and/or Crew notified of unsafe condition:YesNo (If "No", explain why):					
Action Taken: (Note any immediate action taken to minimize risks.)					
Correction Action Required: (Describe who will do and what will be done to correct unsafe condition. Note any individual or department to whom this condition is referred and the date of referral.)					
Date Corrected:					
Corrected By: (Name))		(Title)		
Supervisor's Signatur	e:		(Title)		